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# Background

The Maine Cardiovascular Health Council (MCHC) was created in the 1970s as the “Maine High Blood Pressure Council” funded by the Maine Bureau of Health. The MCHC started with a high blood pressure campaign and added a cholesterol campaign in the 1980s, with expansion to a community-based multiple risk factor approach to disease prevention and health promotion in the 1990s. In 1997, with additional external funding, the Partnership for a Heart Healthy Maine was created. The goal of the Partnership is to develop and disseminate a comprehensive approach to cardiovascular health promotion and disease prevention beginning at the community level and expanding statewide.

## Behavioral Risk Indicators for Cardiovascular Disease

Cardiovascular disease (CVD) kills as many Americans as all other diseases combined and is among the leading causes of disability in this country. Coronary heart disease, one of the diseases classified as CVD, costs the United States economy over \$50 billion annually. High blood pressure, high blood cholesterol, cigarette smoking, obesity, physical inactivity, and diabetes mellitus are modifiable risk factors for CVD. There is a high prevalence of these risk factors among Americans: 26% have high blood pressure, 52 million have high blood cholesterol requiring dietary intervention, and 27% are current cigarette smokers.

- Approximately 29,000 hospitalizations occur in Maine each year due to cardiovascular disease.
- In 1996, 3,522 people in Maine died of heart disease and 731 died of stroke.
- In Maine, the yearly cost of treatment for people hospitalized with heart disease exceeds \$700,000,000.
- Cardiovascular disease accounts for one fourth of all hospital charges.
- 23% of Maine adults have been told their blood pressure is high (1997 BRFSS).
- 23% of Maine adults have not had their cholesterol checked within the past five years (1997 BRFSS).

Several factors contribute substantially to risk for cardiovascular disease: tobacco use, poor nutrition, overweight/obesity, and physical inactivity.

**Tobacco Use:** More than 400,000 people die each year from cigarette smoking. Cigarette smoking is the most preventable cause of premature death in the United States and is a primary risk factor for coronary heart disease. Smoking also contributes to chronic

morbidity and disability. The annual cost for smoking-related illnesses in the U.S. was estimated at \$68 billion for health care, lost earnings from work, and loss of future work earnings. Early initiation of smoking by adolescents increases risk for heavy and regular adult use. Three thousand children under the age of 18 start smoking in the U.S. every day. In Maine, 22% of adults smoke. Tobacco use should be discouraged as part of a healthy lifestyle.

**Nutrition:** There are no bad foods, only poor nutrition. Saturated fat intake and high blood cholesterol are associated with increased risk for heart disease. High intake of saturated fat increases the levels of serum total and low-density-lipoprotein (LDL) cholesterol. Eating foods high in fat is the primary dietary contributor to serum total cholesterol and LDL cholesterol. Reducing intake of saturated fat can help decrease cholesterol and the associated dietary risk for heart disease. In a healthy community, good nutrition is encouraged as part of a healthy lifestyle. Currently, 55% of Maine adults have poor nutrition.

**Overweight/Obesity:** Overweight and obesity have been associated with an increased risk of high blood pressure, high cholesterol, Type II diabetes, heart disease, stroke, gallbladder disease, some types of cancer, and the development of osteoarthritis of weight-bearing joints. Overweight is considered to be a BMI of 25 to 29.9 and obesity to be a BMI of 30 or above. See Appendix G (page 94) for a copy of BMI chart. In 1998, 54% of Maine adults were overweight. With just a 5% to 10% decrease in body weight, improvements may be seen in blood glucose, blood pressure, and cholesterol scores.

**Physical Activity:** Participation in regular physical activity can prevent and help manage cardiovascular disease. Studies have found that participants with higher activity levels have the lowest incidence of heart disease. Adults in this country report that they rarely or never engage in physical activity on a regular basis (30 minutes most days of the week). In Maine, less than one quarter (24%) of adults over age 18 follow this recommended amount of activity for health benefits. A majority, or 55%, of Maine adults lead a sedentary lifestyle. Promoting physical fitness is difficult when people are living a busy life with other priorities. Providing a supportive environment with opportunities to be active as part of daily life provides the best opportunities for leading a healthy lifestyle. Communities that invite walking and worksites that encourage activity during the work day allow physical activity to be incorporated into daily activity, making this goal of 30 minutes per day possible.

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# SECTION I

## *Planning for Heart Healthy Communities: How to Use This Guide*

This guide is designed to provide background and a planning approach to cardiovascular disease (CVD) prevention at the community level. One of the most effective ways for communities to have an impact is to build a strong grassroots coalition. A community coalition brings together both individuals and organizations that share common concerns regarding CVD. In this guide you will find a brief overview of organizing principles, action planning steps, and suggested changes that will lead to improved health in the community.

This guide highlights ways in which communities in Maine can reduce local people's risk for cardiovascular disease by addressing prominent behavioral risk indicators such as tobacco use, poor nutrition, and physical inactivity.

This guide offers communities a number of strategies that could be incorporated into a comprehensive plan to reduce risk for cardiovascular disease. It outlines changes that communities can make themselves to prevent or stop smoking, improve nutrition, and increase physical activity. These include new or modified **policies**, such as smoke-free workplaces, restaurants, or playing fields;

**programs**, such as walking for exercise; and **practices**, such as increased promotion of lower fat foods at schools.

With public health efforts, death rates for cardiovascular disease have declined dramatically over the past 20 years. Many communities are interested in insuring the continual decline of cardiovascular disease. Reducing risk for cardiovascular disease requires broad-based efforts involving many different sectors of the community. Referred to as **community coalitions**, these initiatives involve key community leaders and representatives of grassroots organizations. They bring together representatives from schools, health organizations, businesses, worksites, and other key sectors of the community that share a concern about the problem of cardiovascular health or have a stake in its solution. The aim of such initiatives is to *change* communities to reduce risk for (and protect against) cardiovascular disease.

The group's **action plan** is its vision for a heart healthy community. What could schools do to help reduce the risk for cardiovascular disease? What changes in worksites would help promote heart

health? How can the business community be involved? What can health organizations do? Working together, the proposed changes in all relevant sectors of the community provide a **blueprint for action**.

The purpose of this Action Planning Guide is to enhance community efforts to reduce risks for cardiovascular disease.

Section II: **Getting Organized** provides background information on key issues and concepts in organizing.

Section III: **Partners in the Community** provides help in considering which sectors of the community should be involved in the initiative.

Section IV: **Basic Action Planning** offers an overview of the planning process, with particular emphasis on clarifying the vision, mission, objectives, and strategies.

Section V: **Action Ideas** assists in identifying particular changes that can be sought in each sector of the community.

Section VI: **Community Action Campaign** outlines a process for building consensus on community changes.

Section VII: **The Action Plan** offers guidance in listing action steps to finalize the plan.

Finally, Section VIII: **Monitoring Progress** outlines a strategy for monitoring progress on goals. At the end of this guide, there are sample worksheets that

your group can use to listen to the community describe the problem, identify local resources and program efforts, involve key individuals and grassroots leaders, and create a supportive context for planning and action.

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## SECTION II

# Getting Organized

***“Organizing begins at home.... Ask the questions that are at the center of your own lives. Ask them yourselves.... Think together and you will find the wisdom to go forward. It’s not as complicated as it seems.”***

*-- Cesar Chavez, 1966*

This section outlines the key issues and concepts in the organizing process. With clarity of purpose, it is possible to address the array of risk indicators for cardiovascular disease in local communities. This guide uses the process of action planning to build consensus on what can and should be done. The primary aim is to help identify ways in which the community can take action to reduce risk for cardiovascular disease.

### The Community: Identifying the Issues

Perhaps the most important preliminary step in organizing and action planning is to become familiar with the issues and concerns of the community. Group leaders begin by talking with health care providers, key leaders in the community, and other citizens affected by cardiovascular disease and related concerns. Listening to the issues from the people contributes to a better understanding of what is going on in the

community and what they think needs to be done about it.

As any community organizer will tell you, it is critical to listen and gather information before taking action. Talking with a variety of people of all ages and backgrounds is important, including those at risk as well as those interested in doing something about the problem of cardiovascular disease.

### Community Conversations

In addition to talking one-on-one, group leaders can use public forums, round table discussions, or focus groups where people can express their views about the issues and what can be done about them. Public meetings can be convened with people from different geographic areas of the community, socioeconomic groups, and ethnic and cultural groups. This will assure a good perspective on issues and possible options.

Listening to people in your community not only helps identify the issues, it also reveals barriers and resources as well as recommended alternatives and programs.

**Sample Questions:**

What is the leading cause of death in Maine? What about our community, what do you think is the leading cause of death?

**What's the Problem: Identifying the Indicators**

In addition to the community's perspective on risks for cardiovascular disease, it is important to document the problem using existing data sources. For example, many school systems have data from the Youth Behavioral Risk Factor Surveillance Survey (YBRFSS) that can be used (or adapted) to document the level of tobacco use, physical activity, and nutritional habits among youth in the community. Data might also be gathered on the percentage of restaurants that offer low-fat alternatives or the number of exercise programs in the community. Public records can be used to create a scorecard for community health outcomes such as the number of people participating in recreational programs or the incidence of cardiovascular disease. Conducting a survey is a good way to collect information not already available from other sources.

Such information can be used to help document the level of the problem and to consider action. Later, these data can

be used to compare how effective your group was in addressing the problem. Whenever possible, use data already in existence. Collecting data and analyzing it can be time consuming and costly.

**Getting to Know Your Community: Local Programs and Resources**

It is also important to be aware of existing programs and resources available locally that address the problem of cardiovascular disease. What programs with similar purposes, such as nutrition or physical activity classes, already exist in the community? Service providers, health professionals, and clients can help gather information about the scope of existing efforts and their effectiveness. How many people are they serving? Can the services and programs be more effective? How much of a demand is there for the program? Are they open to the public? What is the cost?

Are there task forces or coalitions, such as tobacco control community coalitions, currently involved in reducing risk for cardiovascular disease? How many people are actively involved? Can you work with them in a collaborative effort? Consider nontraditional partners such as the town planning board or business community. Knowing the issues and the environment is critical to successful planning. Were there *past* initiatives with a similar mission? How and why did their efforts end?

## Bringing People Together: Involving Key Officials and Grassroots Leaders

The planning process should seek to be *inclusive*. The leaders of the cardiovascular health initiative should arrange opportunities for participation by all those interested in changing a particular sector of the community, such as schools or the work place. Key officials of each sector can be recruited as well as leaders of grassroots community organizations to include different age groups and cultural communities interested in CVD prevention.

Participants should reflect the diversity of the community. Cardiovascular health initiative leaders must be sure that the planning group extends beyond service providers of relevant agencies. Are older adults involved? Parents, grandparents, and teachers? People of different socioeconomic and cultural backgrounds?

## The Heart Healthy Coalition: Convening a Community Action Group

Successful projects build a supportive environment for ongoing planning and action. Some features of the group are very important including leadership, structure, and organization.

### **Leadership: Who Will Take Charge**

Leadership is the process by which leaders and the community work together to bring about positive change by identifying priorities and responding with appropriate action. Leaders should have a clear vision of a heart healthy

community and have the ability to attract others to a shared vision. Good leaders have the ability to take the group in a positive direction for community change. Although a single person often accepts responsibility for group leadership, effective organizations usually have a number of leaders within the group who work with the greater community to fulfill the group's mission.

### **Structure: What it Looks Like**

The planning group should have a manageable size and structure. Most groups operate best with 12-15 people. If a lot of people are interested in working on the issues, the group can be structured into smaller groups, such as task forces to address issues within each sector. The Task Force would then report back to the leadership council or the group as a whole. Groups often use a "planning retreat" in which members can focus specifically on the goals and planning of the initiative. A planning retreat can be scheduled in half or full-day meetings that involve all or key members of the group.

### **Organization: How it Works**

The organization of the planning group is also important. In larger groups or communities, action planning might initially be done in subcommittees or task forces that are organized around each sector of the community to be involved. For example, separate task forces or subcommittees might be established for businesses, schools, worksites, or other identified sectors. In smaller groups or communities, action planning might be accomplished by the entire group.

The planning groups should be diverse and integrated. They should include participants from important sectors. In the school this would include the superintendant of schools, the director of the school's curricula, teachers, or a director of parks and recreation. Also important are the stakeholders or people concerned about what is going on in that sector, such as youth and parents, who are affected by and interested in bringing about change. The group must consider how the continuing participation of persons in positions of authority can be maintained while preserving the involvement of others without official titles. One way is to make sure recognition is an important part of coalition policy.

Planning sessions must be well publicized and open to all members. Final review and approval of the initiative's action plan, as well as its vision, mission, objectives, and strategies, will be provided by the entire group.

Refer to Appendix A (pages 65-73) for work sheets on Getting Organized.

## Beginning the Planning Group Process

- ***Be Inclusive***  
Good planning is active and inclusive. Seek out key players with diverse viewpoints on how to approach issues.
- ***Manage Conflict***  
Group facilitators/leaders should recognize differences and resolve conflicts in a way that leads to a basis for agreement.
- ***Use Brainstorming***  
All ideas should be heard and noted without criticism.
- ***Be Efficient***  
Meetings must be efficient, starting and ending on time.
- ***Share Planning Results***  
Distribute copies of planning efforts and results to all members.
- ***Support and Encouragement***  
Acknowledge the contributions of all participants, especially key leaders. Let the group know when it is doing a good job all along the way.

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## SECTION III

# *Partners in the Community*

Community sectors are those parts of the community which will help the group fulfill its mission. Some sectors will be selected since they provide a good way to reach those who are at particularly high risk for cardiovascular disease. Other sectors will be included since they offer a way to involve community members who have an interest in cardiovascular health.

### **STEPS**

1. Identify the targets and agents of change using the work sheets in Appendix B (page 74). These are the people whom your group hopes to influence and involve in its efforts.
2. Look at the diagram of the community sectors on page 11. This is an example initiative to reduce risk for cardiovascular disease. Consider

which of these sectors of the community might be most useful in preventing cardiovascular disease. Modify the chosen sectors and delete or add new ones to fit your community's special needs, resources, barriers, and experiences.

3. Use the "Identifying Partners" page (page 12) to identify the sectors that your group will use. Each sector should help reach your group's targets of change and/or involve your selected agents of change. Your group's own particular sectors will reflect the overall vision, mission, objectives, and strategies, as well as local resources and opportunities.

## WHO SHOULD BE INVOLVED?

### Key Community Leaders and Representatives

- Who can make things happen on this issue? What individuals are in a position to create (or block) change? What people from the group would be most successful in getting key leaders to become involved in the initiative? What sectors of the community do they represent (i.e., schools, business)?

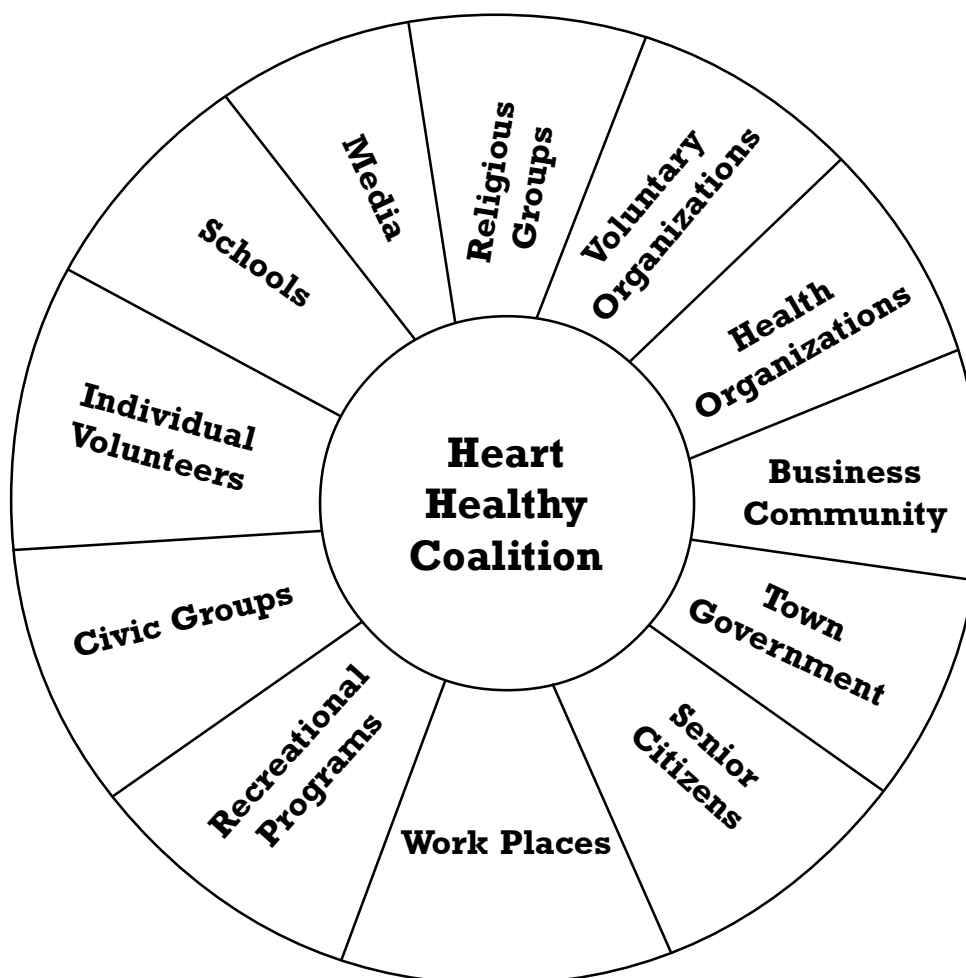
<p>Key Leaders:</p>	<p>People from the Group: (contacted by:)</p>	<p>Date completed:</p>
<p>Grassroots Leaders:</p>		

## KEY COMMUNITY SECTORS

### An Example of the Heart Healthy Coalition Initiative to Reduce Risk for Cardiovascular Disease

Here is a diagram of community sectors that might be involved in this community's initiative to reduce risk for cardiovascular disease. These are the sectors or groups through which the coalition intends to fulfill its mission.

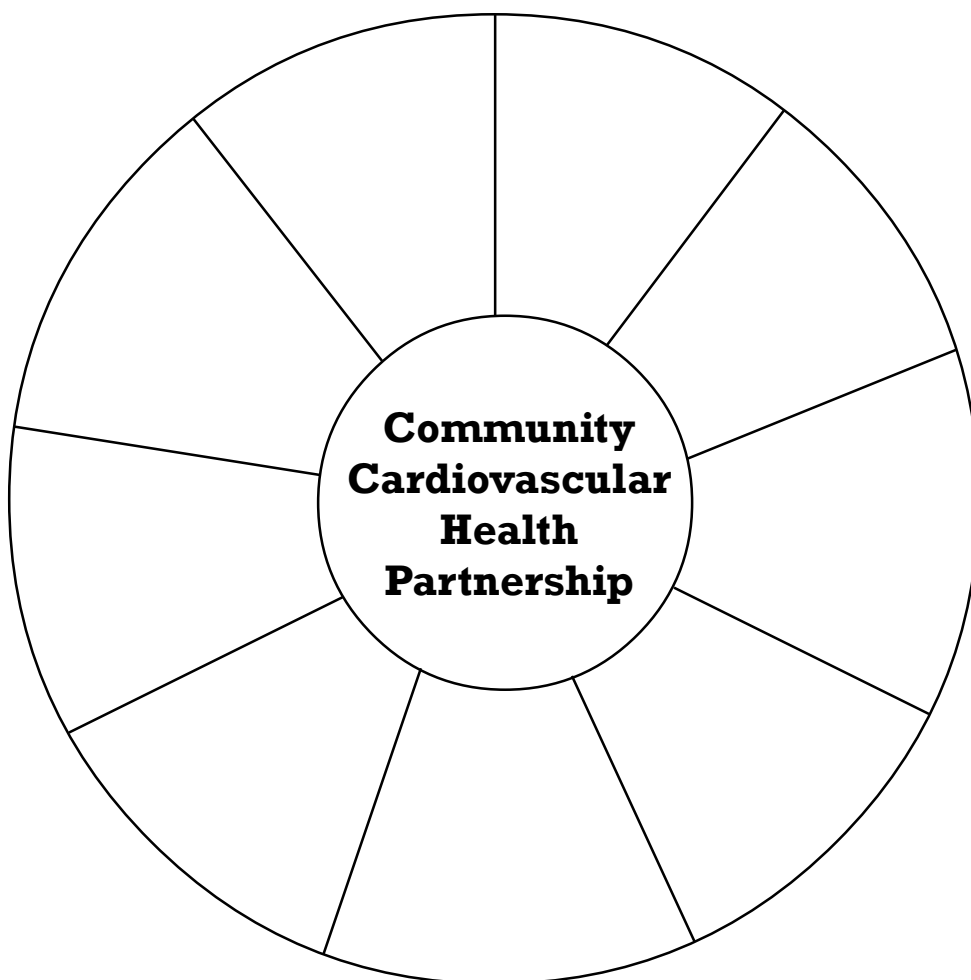
Which community sectors should be used to address your group's mission? Which of these offer good prospects for changing key behaviors related to tobacco, nutrition, and physical activity? Which sectors might involve community members who are concerned with the problem of cardiovascular disease? Who has resources to offer?



## Identifying Partners

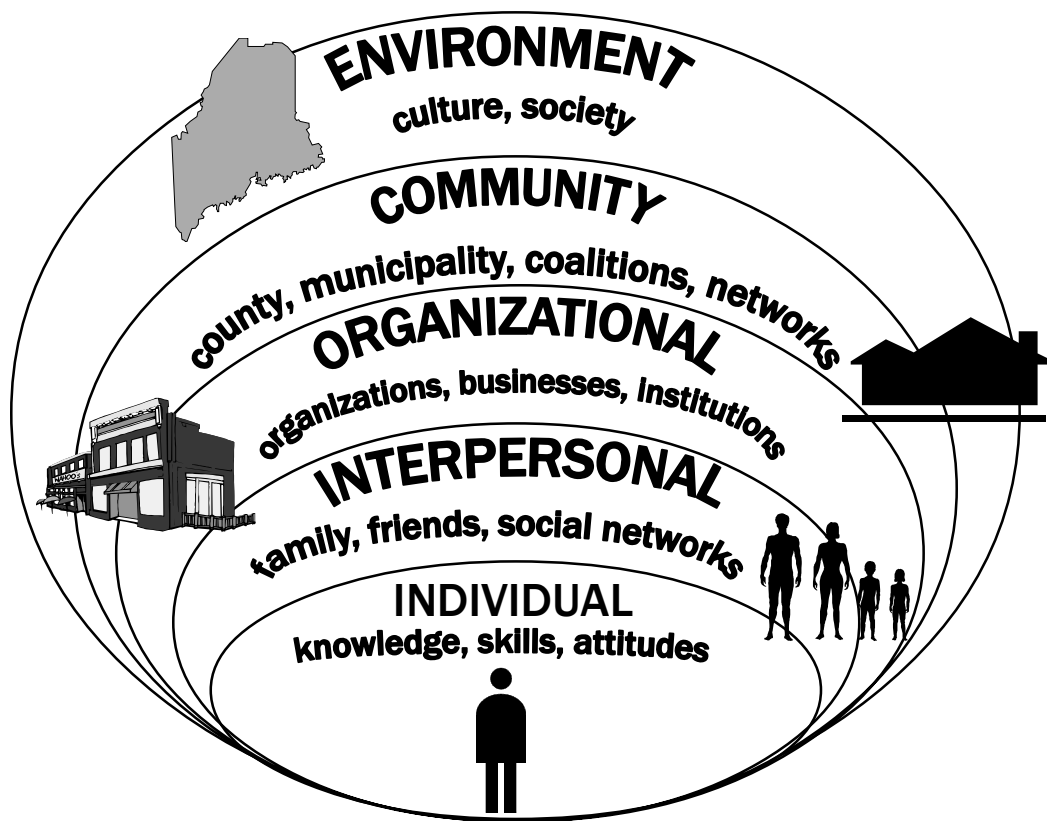
Please review the diagram for the Heart Healthy Coalition initiative to reduce risk for cardiovascular disease on the previous page. Use this page to list proposed sectors of the community in which *your* group can and will have influence. Potential sectors include schools, health organizations and professionals, business organizations, and other contexts for reaching those at risk or involving those willing to help.

Consider what community sectors will best enable the group to reach the targets of change and to involve potential agents of change. Consider the following questions: Does the sector provide a way to reach large numbers of people at risk for cardiovascular disease? Does it provide access to community members who have an interest or responsibility for preventing cardiovascular disease? Is this sector of the community important to include for addressing the key behavioral risk factors of tobacco use, poor nutrition, and physical inactivity? Is it feasible to involve this sector in the group's efforts? What other sectors could or should be involved? It is important to think broadly in your efforts. Including multiple sectors offers more resources to the group.



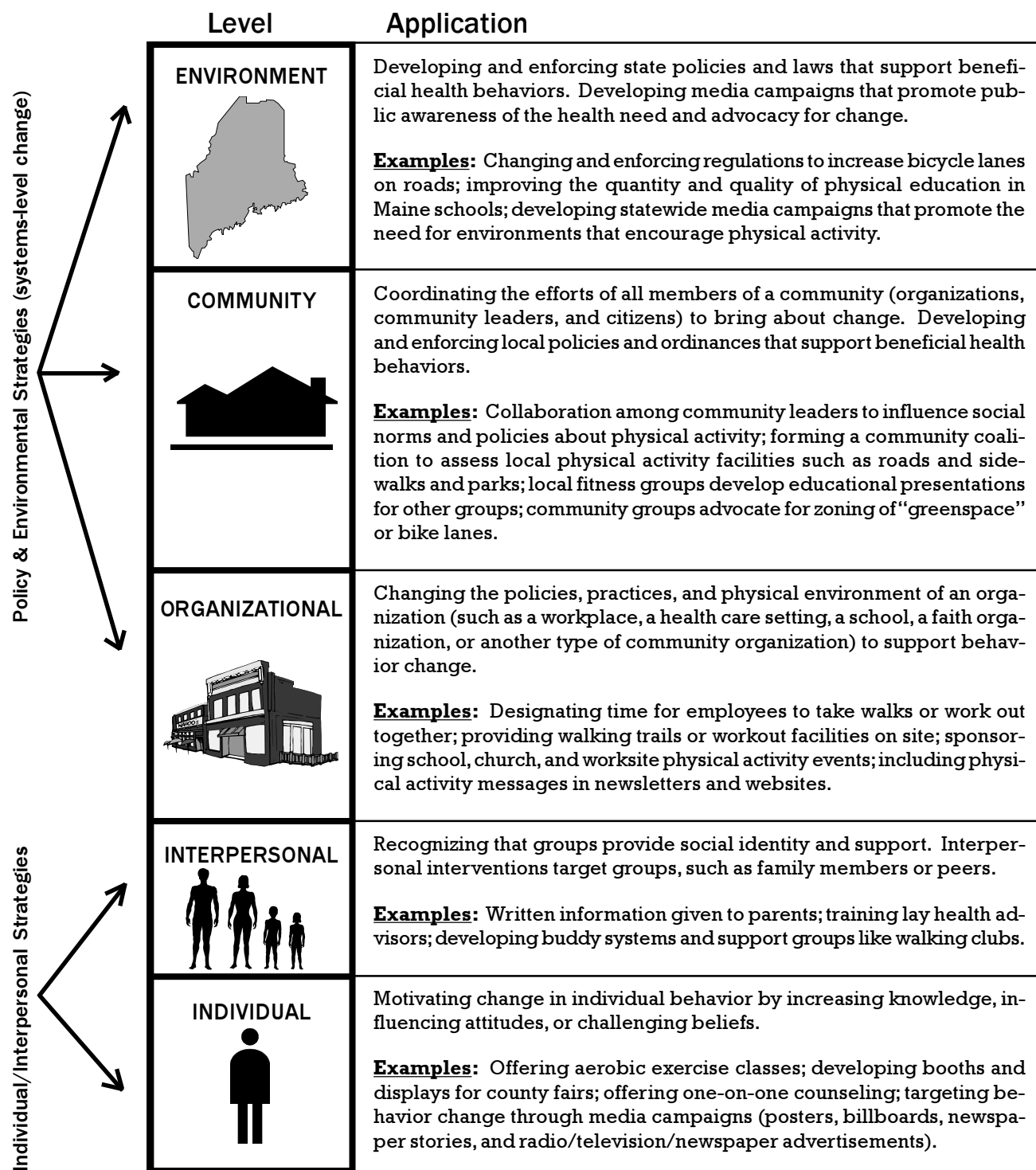
## A Multi-Level Approach to Change

In the past, most of the emphasis for risk of CVD has been placed on individual and family factors ignoring to some extent the importance of the context in which people live. Citizens in Maine communities are influenced and supported, or neglected by, a variety of social, cultural, economic, and political situations. It is important to develop programs that address society, the community, and organizations as well as the individual. The Partnership stresses the importance of a multi-level approach that addresses multiple risks in varied settings at many levels. The community coalition may be focusing at this time on one particular area, but the goal should be to develop a plan that includes all levels, partnering with others in the community to achieve this goal.



From "Be Active North Carolina," 1999

## Demonstrating the Multi-Level Approach to Improving Physical Activity



From “Be Active North Carolina,” 1999

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# SECTION IV

## *Basic Action Planning*

- Vision
- Mission Statement
- Goals
- Objectives
- Strategies
- Action Plans

An action plan is developed based on what the community wants to accomplish and how they are going to do it. These decisions are best reached through the strategic planning process. The group defines its vision, mission, goals, objectives, strategies, and action or implementation plans. The following overview describes these planning steps and suggests what should be considered during the creation of group vision, mission, goals, objectives, and strategies. The process also helps to clarify where the community will direct its prevention efforts.

### Strategic Planning

A strategic plan consists of the following:

- Problem Definition
- Vision
- Mission Statement
- Goals
- Objectives
- Strategies
- Action Plan

### **Problem Definition**

A statement of the problem of CVD should capture the data and statistics on risk indicators and disease status for the community. This could include smoking rates, physical inactivity, overweight/obesity, and deaths due to CVD. This information can be compared to the state, other adjacent counties, and the country.

### **Vision**

A vision states the *ideal conditions* desired for the community--where the community would like to be. A group working towards cardiovascular disease prevention may see as its vision "A heart-healthy community." The vision should state the community's dream for the future. A vision should be: a) shared by members of the community, b) uplifting to those involved in the effort, and c) easy to communicate.

### **Mission**

The mission describes *what* the group is going to do and *why*. The mission might refer to implementing a community-based prevention program to reduce the incidence of cardiovascular disease or increasing the level of a positive condition, like CV health, such as "to serve as a catalyst for improving the heart health of our community." The mission statement should be: a) concise, b) result

oriented, such as the outcome of reducing risk for cardiovascular disease, and c) inclusive, involving all community members.

### Goals

Goals are hoped for achievements that lead to favorable outcomes for CVD prevention and health promotion. A goal might be to improve the cardiovascular health of the community or to support workplace wellness programs.

### Examples:

- ☒ To use the media to promote public awareness of the consequences of cardiovascular disease and help establish prevention as a major community focus.
- ☒ To build a successful community initiative that involves all relevant sectors of the community in reducing risk for cardiovascular disease.
- ☒ To enhance grassroots involvement in prevention efforts related to cardiovascular disease.
- ☒ To promote coordination and integration of existing services and resources for reducing risk for cardiovascular disease.
- ☒ To advocate for changes in programs and policies related to cardiovascular disease and its prevention.

### Objectives

Objectives are *specific measurable results* of the initiative. They include: a) key behavioral outcomes, such as change in the percentage of school-aged youth reporting smoking, regular physical activity, or good nutrition; b) related community-level outcomes, such as the

incidence of cardiovascular disease; and c) key parts of the process, such as adopting a comprehensive plan for reducing risk for cardiovascular disease. Objectives set specified levels of change and dates by when change will occur. This change will be measured against baseline data such as the BRFSS. A group's objectives for reducing risk for cardiovascular disease will refer to the specific behaviors and outcomes including smoking, good nutrition, physical activity, and secondary prevention programs such as screenings.

### Sample Objectives

- a. By the year 2010, decrease by 10% the prevalence of tobacco use reported by youth ages 13-18 in our community. (Baseline: 1997; YBRFSS)
- b. By the year 2010, increase by 25% the percentage of adults reporting regular physical activity.
- c. By the year 2002, increase by 10% the percentage of community residents reporting diets that conform to guidelines for low fat, higher fiber, and increased fruits and vegetables.
- d. By the year 2010, decrease by 20% the incidence of cardiovascular disease in the community.

#### Objectives must be:

- measurable
- challenging
- important to the mission
- feasible to accomplish

**Strategies**

Strategies are the approaches the group takes to meet goals outlined and this is how change will be accomplished. Types of strategies include building collaborations among community groups and organizations, organizing grassroots efforts at the local level, modifying access to products and services, and advocating for new programs, policies, and laws related to the mission. The group may use a variety of strategies to meet goals and objectives and fulfill its mission.

**Action Plans**

Action plans describe how strategies will be implemented to attain the objectives. They refer to ***specific action steps to be taken*** to bring about changes in the community. Action steps indicate what actions will be taken (what), the responsible agents (by whom), the timing (by when), resources and support needed and available, potential barriers or resistance, and identifies who to contact about the plan.

**SAMPLE ACTION PLAN FORMAT**

Action Step	Resources Needed	Responsibility	Date Accomplished

**Identifying Target Groups and Agents of Change**

When the group has determined where it is going and how it is going to get there, it will focus on target populations whose behaviors may be influenced and key people who are in a position to help make the changes (agents of change). Clarifying the key persons to help in addressing the problems will help in later planning for action.

Potential ***targets of change*** include all youth, adults, and older adults as well as those who are at particular risk for cardiovascular disease. They also include those whose action (or inaction) contributes to the problem, such as parents, health providers, teachers, merchants, and elected officials.

Potential ***agents of change*** include all those in a position to contribute to the solution, such as members of health organizations, schools, and the business

community. They also include those who have a responsibility to contribute to the solution, including peers, parents, health providers, teachers, daycare providers, business people and merchants, media representatives, voluntary organizations, town government, and elected and appointed officials.

Turn to the work sheets in Appendix C (pages 75-77) to begin developing your vision, mission statement, goals, objectives, and strategies.

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# SECTION V

## Action Ideas

To address the mission of reducing risk for cardiovascular disease, the group may want to change programs, policies, and practices within schools, health organizations, work sites, and a variety of other possible community sectors.

This section provides some examples of possible changes that your group might seek in each sector. The final decision about what changes or improvements to make rest with your group and the needs in your community.

### **STEPS**

1. **Prioritize.** Although all the goals may be worthy, the group must decide what to do first. Community coalitions can't do it all at once. The group needs to prioritize and set direction. Information from informal surveys and/or interviews can help identify the most important problems. This information combined with data and an inventory of resources can help determine initial direction.
2. **Partnering with others interested in health promotion and disease prevention in the community** can be helpful to implementation. For each risk, target area, and target population identify partners that can help a

program or policy develop. Sometimes an exchange of resources or memoranda of agreement can describe the agreement of a future working relationship.

3. For each sector of the community to be involved, such as schools or business organizations, refer to the following examples of possible changes that might be appropriate for your community. Each example provides an illustration of a possible product of the planning process for that sector of the community.
4. Review the list of ideas for interventions for each sector. Consider which changes in schools or other sectors of the community might be useful in your group's efforts to prevent cardiovascular disease. Modify these interventions and delete or add new ones to fit your community's special needs, resources, and barriers.

Use the Planning Sheets in Appendix D (pages 78-92) to list a tentative set of interventions in each sector. Consider copying pages for future use.

The potential changes in the inventories are directed at key behavioral risk factors related to cardiovascular disease:

tobacco use, poor nutrition, and physical inactivity. Each section, such as for schools or health organizations, begins with an example of how that sector may contribute to improving the behavioral risk areas.

The potential changes are also oriented toward different levels of the community, such as individuals and the broader environment. Some address the behaviors of people at risk, while others seek to change the behaviors of influential people, such as health providers or teachers. Some changes are directed at the environment by altering the programs, policies, and practices of important institutions or organizations.

Cardiovascular disease is a complex problem. There are many factors that contribute to its persistence as a health problem in our communities. In order to make an impact on CVD, it is important to take a comprehensive approach to include intervention at various levels. Using the skills and resources of a broad group of participants, it is possible to partner with other organizations and groups to achieve some goals. Your group should attempt to make changes for key risk factors in a variety of different sectors and levels in your community to have the greatest impact. Such changes may bring about a more meaningful and lasting solution.

## HEALTHY SCHOOLS

### Nutrition

There are a number of potential changes in elementary, middle, and high schools that might contribute to the mission of reducing risk for cardiovascular disease. Here is an example of using the multi-level approach to determine the level addressed by the suggested idea.

A list of change ideas that might be useful in your community's schools to improve nutrition might include these:

<b>SCHOOLS</b> <b>Goal: To Improve Nutrition</b>
Provide incentives for coaches to monitor eating habits of school athletes and provide ongoing nutrition counseling.
Integrate health and nutrition activities into existing student groups.
Make available healthy snacks in vending machines, concession stands, and cafeterias.
Implement age-appropriate sequential health and nutrition curricula.
Enact and enforce state nutritional guidelines for school lunch programs and daycare services.
Place point-of-purchase information about healthy choices in cafeterias and vending machines.
Monitor and provide feedback on nutritional quality of foods available in cafeterias and vending machines.

## Physical Activity

A list of change ideas for schools to improve levels of physical activity might include these:

<b>SCHOOLS</b>
<b>Goal: To Increase Physical Activity</b>
Increase opportunities for participation.
Increase the number of signs and posters which encourage students to take care of their health.
Increase time in physical education classes learning “life-time” sports and physical activities.
Expand access to gyms and playgrounds.
Provide incentives for participation in physical activity with family, friends, and teachers.
Integrate physical activity into K-12 curriculum.
Increase the amount of physical activity students expend in their daily school routine.
Increase the variety of physical activities in P.E.
Increase the duration and intensity of actual physical activity in physical education classes.

## Tobacco Use

A list of change ideas that might be useful at schools to prevent or reduce tobacco use might include these:

<b>SCHOOLS</b>
<b>Goal: To Reduce Tobacco Use</b>
Establish cessation and support services for parents, teachers, and students who smoke.
Integrate peer refusal skills into the health curricula.
Provide incentives and awards to students who successfully quit smoking and to those who provided that student support.
Make sure magazines and newspapers used in classes do not have tobacco ads.
Adopt and enforce a smoke-free policy in schools and at school-sponsored events.
Adopt K-12 curricula for prevention of tobacco use.
Integrate peer support (for not smoking) training into curricula and school clubs.
Collect and publicize information on the number of students who smoke or who are frequently exposed to second-hand smoke.

## A List of Ideas for Potential Interventions in the Schools

The list below offers ideas for potential changes in your community's schools. The list includes particular programs, policies, and practices of schools that might be changed to contribute to the mission of improving cardiovascular health. These are organized under several categories, such as providing information or modifying school policies. Some of these suggestions may be appropriate in your community.

Identify those changes that may be most helpful to the mission of improving cardiovascular health. Modify these ideas and delete or add new ones to fit your community's special needs, resources, and experiences. Include a "completion date" for when you expect to accomplish the change.

Use the Planning Sheets in Appendix D (pages 78-80) to record your group's tentative choices for changes as part of your action plan. Be sure to identify who will be responsible or take the lead on each proposed action.

### A. Information and Skill Ideas

#### IDEA

- #1 Incorporate information on good nutrition, physical activity, and tobacco control into the K-12 health curriculum. Date: \_\_\_\_\_
- #2 Offer choices or alternatives for promoting physical activity, good nutrition, and prevention of tobacco use through a common database that describes previously effective efforts. Date: \_\_\_\_\_
- #3 Increase the number of signs and posters which encourage students to take care of their health. Date: \_\_\_\_\_
- #4 Provide information that links good nutrition, exercise, and abstention from tobacco with positive feelings and attitudes. Date: \_\_\_\_\_
- #5 Promote physical activity, good nutrition, and tobacco free living as part of a daily routine. Date: \_\_\_\_\_
- #6 Increase exposure during physical education, health, and other classes to lifetime exercise, good nutrition, and tobacco refusal skills. Date: \_\_\_\_\_
- #7 Establish a fitness assessment for students and report results to parents, youth, and the community every year. Date: \_\_\_\_\_
- #8 Provide skills training and role playing that establishes proper nutrition, fitness, and tobacco refusal as a daily habit among students, food service staff, and teachers. Date: \_\_\_\_\_
- #9 Provide information (and inservice training) for teachers, food service staff, and administrators about the value and methods of preventing cardiovascular disease. Date: \_\_\_\_\_

## IDEA

- #10 Provide nutrition information and prompts for healthy food choices at cafeterias, counters, and vending areas. Date: \_\_\_\_\_
- #11 Include training in the use of nutrition food labels in health classes.  
Date: \_\_\_\_\_
- #12 Provide training for school cooks, nurses, counselors, teachers, and families in healthy food choices, preparation, and consumption. Date: \_\_\_\_\_
- #13 Establish age-appropriate curricula on health hazards and impact of smoking on athletic ability and physical attractiveness. Date: \_\_\_\_\_
- #14 Teach refusal and decision making skills regarding tobacco use.  
Date: \_\_\_\_\_
- #15 Incorporate curricula and modules into physical education and athletic practices on the consequences of smoking and chewing tobacco. Date: \_\_\_\_\_
- #16 Provide signs encouraging normal physical activity such as walking and using stairs. Date: \_\_\_\_\_
- #17 Train students to recognize media tactics used by tobacco companies that seek to sell products to youth. Date: \_\_\_\_\_
- #18 Publicize information on the number of students who smoke. Date: \_\_\_\_\_
- #19 Provide food service professionals information estimating the nutritional content of school breakfasts and lunches. Date: \_\_\_\_\_
- #20 Create healthy recipe books that youth can take home. Date: \_\_\_\_\_
- #21 Provide nutrition education to teachers, coaches, and food service staff.  
Date: \_\_\_\_\_
- #22 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## B. Barriers and Opportunities

### IDEA

- #1 Modify school lunch menus to reduce fat, increase fiber, and maintain calories and nutrients. Date: \_\_\_\_\_
- #2 Modify school lunch menus to increase availability and variety of fruits and vegetables. Date: \_\_\_\_\_
- #3 Increase availability of recreational facilities such as pools, gyms, and walking and biking trails in the community. Date: \_\_\_\_\_
- #4 Encourage physical activity by opening gyms and playgrounds before and after school and on weekends. Date: \_\_\_\_\_
- #5 Enhance security and supervision to ensure that school facilities are safe for physical activities. Date: \_\_\_\_\_

## IDEA

- #6 Establish intramural sports teams to expand opportunities for boys and girls to be physically active with their friends. Date: \_\_\_\_\_
- #7 Provide adequate facilities for showering and storage at recreation centers. Date: \_\_\_\_\_
- #8 Create activity courses, trails, and bike paths to encourage physical activity. Date: \_\_\_\_\_
- #9 Provide healthy snacks in school vending machines. Date: \_\_\_\_\_
- #10 Establish smoke-free zones in and around schools. Date: \_\_\_\_\_
- #11 Prohibit tobacco advertising in stores within X miles of school. Date: \_\_\_\_\_
- #12 Enforce compliance with laws prohibiting selling tobacco to minors in stores near schools. Date: \_\_\_\_\_
- #13 Adopt and enforce bans on cigarette and chewing tobacco use among school athletes and club members. Date: \_\_\_\_\_
- #14 Institute fitness clubs or programs to provide incentives and awards to students who walk to school or exercise at home. Date: \_\_\_\_\_
- #15 Implement a walk/run/jog program (with incentives and awards) for K-3 grade students during half the recess periods they have per week. Date: \_\_\_\_\_
- #16 Encourage children to walk to school, with appropriate parent or volunteer supervision. Date: \_\_\_\_\_
- #17 Build or purchase playground and classroom equipment that facilitates physical activity. Date: \_\_\_\_\_
- #18 Provide scholarships and transportation for low-income youth to participate in sports teams or events. Date: \_\_\_\_\_
- #19 Implement after school physical activities designed to include latch-key children. Date: \_\_\_\_\_
- #20 Establish fitness stations in classrooms. Date: \_\_\_\_\_
- #21 Institute optional fitness breaks during class time. Date: \_\_\_\_\_
- #22 Establish contests for healthy choices including good nutrition, physical activity, and tobacco control. Date: \_\_\_\_\_
- #23 Encourage P.E. teachers to incorporate stretching exercises in all gym classes. Date: \_\_\_\_\_
- #24 Have track and field days more often. Date: \_\_\_\_\_
- #25 Establish after school physical fitness carnivals for parents, teachers, school food service, and youth. Date: \_\_\_\_\_
- #26 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## C. Services and Support Ideas

### IDEA

- #1 Establish routinely available smoking cessation services through the schools for staff, students, and families. Date: \_\_\_\_\_
- #2 Provide worksite health promotion programs for teachers so they can act as role models for good nutrition, fitness, and tobacco avoidance. Date: \_\_\_\_\_
- #3 Participate in programs to promote physical activity (e.g., ACES: All Children Exercising Simultaneously). Date: \_\_\_\_\_
- #4 Establish special programs for students with special needs regarding good nutrition, physical activity, and tobacco use. Date: \_\_\_\_\_
- #5 Establish programs to encourage family, parents, teachers, and friends to participate in physical activity, nutrition education, and tobacco cessation or abstinence. Date: \_\_\_\_\_
- #6 Establish student support and interest groups, similar to S.A.D.D. chapters, to encourage healthy lifestyles including avoiding tobacco use, eating well, and being physically active. Date: \_\_\_\_\_
- #7 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## D. Policies

### IDEA

- #1 Establish local or state policy requiring meeting physical fitness guidelines to graduate from elementary school, middle school, and high school. Date: \_\_\_\_\_
- #2 Establish state regulations to increase time spent in curriculum for cardiovascular disease prevention (i.e., good nutrition, physical activity, tobacco use). Date: \_\_\_\_\_
- #3 Increase participation in the President's Council on Physical Fitness and Sports program or other nationally recognized physical fitness programs. Date: \_\_\_\_\_
- #4 Modify insurance policies to include incentives for physical fitness, good nutrition, and abstinence from tobacco. Date: \_\_\_\_\_
- #5 Modify insurance policies to reduce liability for injuries incurred during physical activity at school-sponsored events (e.g., intramural sports). Date: \_\_\_\_\_
- #6 Arrange tax rebates for purchases of school equipment for physical activity. Date: \_\_\_\_\_
- #7 Establish reward programs to encourage heart healthy lifestyles of students and employees. Date: \_\_\_\_\_

## IDEA

- #8 Establish and promote local and state policies requiring healthy food choices in school (i.e., lower fat, higher fiber lunch menus). Date: \_\_\_\_\_
- #9 Establish policies for vending machines to include healthy food choices.  
Date: \_\_\_\_\_
- #10 Establish policies for school breakfast programs to include healthy food choices.  
Date: \_\_\_\_\_
- #11 Expand or establish subsidized food programs to improve nutrition for students.  
Date: \_\_\_\_\_
- #12 Establish policies to ban smoking in schools, at school-sponsored events (youth and adults), and in smoke-free zones around schools. Date: \_\_\_\_\_
- #13 Establish ordinances which prohibit the sales of tobacco products within a specified distance from school grounds. Date: \_\_\_\_\_
- #14 Provide incentives for employees to exercise (time off, etc.). Date: \_\_\_\_\_
- #15 Establish smoking and chewing tobacco bans for all athletes and members of school clubs. Date: \_\_\_\_\_
- #16 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## IDEAS FOR CHANGES IN HEALTH ORGANIZATIONS

### Nutrition

There are a number of changes in health organizations that might contribute to your mission and goals of reducing risk for cardiovascular disease.

A list of change ideas that might be useful in health organizations to improve nutrition might include these:

<b>HEALTH ORGANIZATIONS</b> <b>Goal: To Improve Nutrition</b>
Monitor the nutrition risk history of all patients and counsel as needed.
Provide training for health professionals on nutrition screening and referral.
Modify cafeteria menus to reduce fat, increase fiber, and maintain calories.
Provide health screening at local establishments (e.g., schools, YMCA).
Create insurance reimbursement for preventive services such as nutrition counseling.
Implement CVD assessment tools that remain in medical charts and include a nutrition assessment.
Provide nutrition assessment and education as part of a primary health care workup.
Provide information on supermarkets and restaurants that promote healthy food choices.

## Physical Activity

A list of change ideas for health organizations to improve levels of physical activity might include these:

<b>HEALTH ORGANIZATIONS</b>
<b>Goal: To Increase Physical Activity</b>
Provide systems for counseling and follow-up with sedentary patients.
Encourage physical activity as part of normal routine (e.g., use of stairs, walking paths, parking far from worksite, etc.).
Offer worksite awards and recognition for ongoing physical activity.
Increase access to places for physical activity.
Provide insurance reimbursements for preventive services and counseling on physical activity.
Train providers in how to counsel and encourage patients to exercise.
Offer health screenings and assessments.
Allow flextime for employees to exercise.
Enhance awareness of the strong protection physical activity provides against CVD, many cancers, and other adverse health outcomes.

## Tobacco Use

A list of change ideas that might be useful for health organizations to prevent or reduce tobacco use might include these:

<b>HEALTH ORGANIZATIONS</b> <b>Goal: To Reduce Tobacco Use</b>
Establish affordable and accessible smoking cessation and support programs.
Provide continuing education for providers on tobacco use, prevention, and cessation.
Implement AHCPR Guidelines among all practitioners.
Conduct periodic smoke-free campaigns.
Provide incentives (e.g., reduced insurance rates) for patients who stop smoking.
Adopt and enforce a smoke-free workplace policy.
Prescribe smoking cessation for chronic smoking-related conditions.

## A List of Ideas for Potential Changes in Health Organizations

The list below offers ideas for potential changes in a community's health organizations such as the hospital, clinics, and private health care providers. The list notes how particular programs, policies, and practices of health organizations might be changed to improve cardiovascular health.

Use the Planning Sheets in Appendix D (pages 81-83) to record your group's tentative choices for changes to be sought in health organizations.

### A. Information and Skill Ideas

#### IDEA

- #1 Provide cholesterol and high blood pressure screenings along with nutritional counseling for patients. Date: \_\_\_\_\_
- #2 Monitor high risk clients for improvements in recommended lifestyle changes and health status. Date: \_\_\_\_\_
- #3 Hold training programs for health care providers that teach how to assess and counsel patients on cardiovascular disease prevention. Date: \_\_\_\_\_
- #4 Provide information (e.g., brochures) linking poor nutrition, hypertension, tobacco use, and overweight to cardiovascular disease. Date: \_\_\_\_\_
- #5 Provide information (e.g., brochures, public service announcements) on options for healthy eating and physical activity. Date: \_\_\_\_\_
- #6 Conduct or support food preparation classes to encourage eating in a healthier manner. Date: \_\_\_\_\_
- #7 Review (and modify, where appropriate) medical school curricula and primary care residency programs for emphasis on prevention of cardiovascular disease. Date: \_\_\_\_\_
- #8 Review and provide feedback to health care professionals, especially primary care providers, about how much smoking, nutrition, and physical activity is discussed with their patients. Date: \_\_\_\_\_
- #9 Provide information to policy makers about the impacts of smoking on health and health care costs. Date: \_\_\_\_\_
- #10 Monitor and provide public feedback on the proportion of sales of low-fat items in supermarkets (i.e., from bar code information). Date: \_\_\_\_\_
- #11 Disseminate the U.S. Dietary Guidelines for nutrition and healthy eating. Date: \_\_\_\_\_
- #12 Monitor and provide feedback on community levels of nutrition and health status. Date: \_\_\_\_\_
- #13 Create Public Service Announcements that highlight healthy living, eating well, refraining from tobacco use, and exercising. Date: \_\_\_\_\_

## IDEA

- #14 Provide information to policy makers about the impact of cardiovascular disease on health and health care costs. Date: \_\_\_\_\_
- #15 Develop and distribute pamphlets and booklets regarding healthy food choices. Date: \_\_\_\_\_
- #16 Invite health officials into classrooms to make presentations related to nutrition, tobacco control, and physical fitness. Date: \_\_\_\_\_
- #17 Provide information about healthy foods and the area supermarkets/stores that offer them. Date: \_\_\_\_\_
- #18 Provide information about restaurants offering healthy food choices. Date: \_\_\_\_\_
- #19 Place signs promoting healthy eating in offices of health care providers and hospital cafeterias. Date: \_\_\_\_\_
- #20 Establish short-term goals and provide public feedback for the community regarding citizens' physical activity, nutrition, and tobacco use. Date: \_\_\_\_\_
- #21 Offer free health-risk appraisal and follow-up counseling to all employees. Date: \_\_\_\_\_
- #22 Increase availability and visibility of signs, brochures, etc., that promote physical activity. Date: \_\_\_\_\_
- #23 Incorporate training in the importance of physical activity into curriculum of medical schools and allied health professional training. Date: \_\_\_\_\_
- #24 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## B. Barriers and Opportunities

### IDEA

- #1 Change medical charts to encourage assessment and monitoring of risk factors for cardiovascular disease. Date: \_\_\_\_\_
- #2 Expand options for healthy food choices in hospital cafeterias. Date: \_\_\_\_\_
- #3 Facilitate access to nicotine replacement pharmaceuticals for those smokers who cannot afford them. Date: \_\_\_\_\_
- #4 Increase the availability of smoking cessation programs. Date: \_\_\_\_\_
- #5 Provide low-fat snacks and juices in vending machines at local health departments and other health organizations. Date: \_\_\_\_\_
- #6 Increase availability of physical fitness assessments. Date: \_\_\_\_\_
- #7 Increase availability of physical activity programs sponsored by health organizations. Date: \_\_\_\_\_

**IDEA**

- #8 Ban tobacco vending machines in all health organizations. Date: \_\_\_\_\_
- #9 Establish or participate in intramural sports or master sports, such as swimming, etc. Date: \_\_\_\_\_
- #10 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

**C. Services and Support Ideas**

**IDEA**

- #1 Create ways that people can be encouraged to meet physical activity needs as a routine part of encounters with health organizations. Date: \_\_\_\_\_
- #2 Sponsor or support community health fairs that assess health status and promote healthy lifestyles for various targeted age groups. Date: \_\_\_\_\_
- #3 Conduct smoke-free, good nutrition, and physical fitness campaigns for the community. Date: \_\_\_\_\_
- #4 Establish and refer clients with physical disabilities or special exercise needs to special programs. Date: \_\_\_\_\_
- #5 Provide medical and emotional support (e.g., nicotine patches, support groups) for those attempting to quit smoking. Date: \_\_\_\_\_
- #6 Incorporate physical activity programs into medical and allied health professional schools. Date: \_\_\_\_\_
- #7 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

**D. Policies**

**IDEA**

- #1 Obtain third-party reimbursement for counseling for prevention of cardiovascular disease, including smoking cessation and increasing physical activity.  
Date: \_\_\_\_\_
- #2 Enact policies in conjunction with the local government promoting access to healthy foods at all food establishments, supermarkets, schools, worksite cafeterias, etc. Date: \_\_\_\_\_
- #3 Change protocols to encourage education of dietary habits, physical activity, and tobacco use as part of routine workups for primary health care.  
Date: \_\_\_\_\_

**IDEA**

- #4** Establish policies that require school and worksite cafeterias to implement reduced-fat/high fiber menus. Date: \_\_\_\_\_
- #5** Provide incentives for employees to exercise (time off, etc.). Date: \_\_\_\_\_
- #6** Enact changes in health insurance policies that require all smoking clients to require tobacco cessation interventions. Date: \_\_\_\_\_
- #7** Eliminate smoking areas in health care facilities and hospital settings.  
Date: \_\_\_\_\_
- #8** Create lower health insurance rates for people who exercise, eat healthy foods, and do not use tobacco. Date: \_\_\_\_\_
- #9** Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## IDEAS FOR CHANGES IN THE BUSINESS SECTOR

### Nutrition

There are many ideas for changes in the business community that might contribute to your mission.

A list of change ideas that might be useful in the local business community to improve nutrition might include these:

<b>BUSINESS SECTOR</b> <b>Goal: To Improve Nutrition</b>
Provide coupons for low-fat foods.
Provide shopping tours in stores and store-sponsored cooking classes.
Provide shelf labels with nutritional information on products in grocery stores.
Provide point-of-purchase nutrition information on grocery stores shelves and restaurant menus.
Provide incentives for businesses to offer healthy food choices.
Encourage restaurants to offer and feature low-fat, affordable foods.
Increase availability of food products that are low in fat and rich in fiber.
Increase availability (and taste sampling) of low-fat entrees in restaurants and stores.
Provide feedback on shelf space devoted to lower fat products.

## Physical Activity

A list of change ideas that might be useful in the local business community to improve levels of physical activity might include these:

<b>BUSINESS SECTOR</b>
<b>Goal: To Increase Physical Activity</b>
Provide flexible work hours to accommodate exercise.
Reduce financial barriers for team participants or club members.
Increase availability of exercise opportunities and offer skill-based activity programs.
Sponsor media and health education programs.
Support tax incentives for exercise facilities when new businesses are built.
Sponsor varied competitions (e.g., give prizes for miles or minutes walked).
Provide exercise facilities for employees.
Conduct physical activity campaigns.
Sponsor physical activity or sports events for adults and youths.

## Tobacco Use

A list of change ideas that might be useful in the local business community to prevent or reduce tobacco use might include these:

<b>BUSINESS SECTOR</b>
<b>Goal: To Reduce Tobacco Use</b>
Eliminate free giveaways/samples of tobacco.
Sponsor creation of smoking cessation and support programs.
Reduce health and life insurance premiums for non-smokers.
Strengthen local ordinances banning the use of tobacco in stores and restaurants.
Prohibit tobacco advertising.
Establish and promote 100% smoke-free businesses.
Sponsor smoke-free campaigns.
Ban self-service displays.

## A List of Ideas for Potential Changes in the Business Sector

The list below offers ideas for potential changes in businesses, including restaurants, grocery stores, fast-food places, convenience stores, recreational services, and other businesses. The list notes how particular programs, policies, and practices of the business sector might be changed to improve cardiovascular health.

Planning Sheets are included in Appendix D (pages 84-86) to record your group's tentative choices for changes to be sought in the business sector.

### A. Information and Skill Ideas

#### IDEA

- #1 Place point-of-purchase signs on supermarket shelves indicating healthy food choices, including nutrition information. Date: \_\_\_\_\_
- #2 Major restaurants and fast-food outlets will indicate healthy food choices on their menus and provide information about the nutritional content of their food.  
Date: \_\_\_\_\_
- #3 Develop and implement health education programs for food service employees and the general public on nutrition, meal planning, and food preparation.  
Date: \_\_\_\_\_
- #4 Provide information (e.g., signs, brochures, computer information networks) indicating the variety of ways to be physically active. Date: \_\_\_\_\_
- #5 Provide messages (e.g., posters) emphasizing the dangers of smoking on the health of smokers and non-smokers. Date: \_\_\_\_\_
- #6 Provide information to policy makers about the impacts of smoking on health and health care costs. Date: \_\_\_\_\_
- #7 Conduct merchant education campaigns about laws against selling tobacco products to minors. Date: \_\_\_\_\_
- #8 Conduct supermarket tours and food preparation classes to encourage eating a healthy diet. Date: \_\_\_\_\_
- #9 Replace tobacco advertising with advertisements promoting smoke-free living.  
Date: \_\_\_\_\_
- #10 Display healthy meal ideas on the back of paper sacks in grocery stores.  
Date: \_\_\_\_\_
- #11 Provide guides in food establishments that describe the healthy meal alternatives offered there. Date: \_\_\_\_\_
- #12 Develop tobacco-free public service announcements on local radio and television stations. Date: \_\_\_\_\_

**IDEA**

- #13** Monitor and provide feedback on the sales of low-fat items including fruits and vegetables in supermarkets (i.e., from bar code information).

Date: \_\_\_\_\_

- #14** Offer free health risk appraisals and follow-up counseling to all employees.

Date: \_\_\_\_\_

- #15** Other: \_\_\_\_\_

Date: \_\_\_\_\_

**B. Barriers and Opportunities**

**IDEA**

- #1** Increase the proportion of low-fat and/or low sodium entrees in restaurants.

Date: \_\_\_\_\_

- #2** Increase the proportion of prime shelf space in supermarkets devoted to low fat, low sodium, food choices. Date: \_\_\_\_\_

- #3** Reduce financial barriers for participants in physical activity (e.g., subsidize fees for parks, recreation, softball teams). Date: \_\_\_\_\_

- #4** Encourage the use of stairs by making stairwells in public buildings safer and more attractive (e.g., with paintings, pictures). Date: \_\_\_\_\_

- #5** Promote the establishment of entirely smoke-free businesses and restaurants. Date: \_\_\_\_\_

- #6** Develop partnerships among businesses, American Heart Association chapters, Bureau of Health, educators, sporting goods retailers, and others for promoting heart healthy behavior. Date: \_\_\_\_\_

- #7** Remove tobacco vending machines from all businesses and restaurants. Date: \_\_\_\_\_

- #8** Increase the availability of lower fat processed food products in grocery stores. Date: \_\_\_\_\_

- #9** Provide tax incentives for food producers to create and distribute lower fat alternatives. Date: \_\_\_\_\_

- #10** Provide free advertising for restaurants that offer low-fat foods. Date: \_\_\_\_\_

- #11** Other: \_\_\_\_\_

Date: \_\_\_\_\_

## C. Services and Support Ideas

### IDEA

- #1 Establish competitions among local businesses for improvements in employee physical fitness, weight control, smoking cessation, and general health status. Date: \_\_\_\_\_
- #2 Form exercise groups emphasizing different ways of maintaining physical fitness. Date: \_\_\_\_\_
- #3 Provide free legal advice and services to those filing claims against tobacco vendors or other health-related lawsuits. Date: \_\_\_\_\_
- #4 Sponsor community events that encourage physical activity and motivate people to develop physical fitness. Date: \_\_\_\_\_
- #5 Form youth coalitions that develop tobacco prevention and control plans (e.g., smokers' helpline/support group, alternative non-smoking events). Date: \_\_\_\_\_
- #6 Create incentives for physical activity and weight loss (e.g., keeping track of miles/minutes exercised and awarding prizes for individual improvement). Date: \_\_\_\_\_
- #7 Establish physical activity programs for people less likely to exercise (e.g., elderly, minority groups). Date: \_\_\_\_\_
- #8 Provide stations in restaurants, grocery stores, etc., that permit accurate self-assessments of blood pressure. Date: \_\_\_\_\_
- #9 Develop advertising for businesses that offer low-fat items and opportunities for physical fitness activities to employees. Date: \_\_\_\_\_
- #10 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## D. Policies

### IDEA

- #1 Use tax incentives to promote recreational facilities when there is new business construction (e.g., site construction plans). Date: \_\_\_\_\_
- #2 Control liability costs for those businesses offering opportunities for physical activity. Date: \_\_\_\_\_
- #3 Establish health and property insurance policies with reduced premiums for non-smokers. Date: \_\_\_\_\_
- #4 Establish policies to permit and encourage differential hiring of non-smokers. Date: \_\_\_\_\_
- #5 Support laws for clean indoor air in public buildings. Date: \_\_\_\_\_
- #6 Ban use of tobacco vending machines in public buildings. Date: \_\_\_\_\_

**IDEA**

- #7 Enforce local no-smoking ordinances. Date: \_\_\_\_\_
- #8 Enforce youth tobacco access laws (e.g., with periodic assessments and crack-downs). Date: \_\_\_\_\_
- #9 Increase fines and other penalties (i.e., loss of license) for those who sell tobacco products to minors. Date: \_\_\_\_\_
- #10 Prohibit free distribution (“sampling”) of tobacco products for adults and children. Date: \_\_\_\_\_
- #11 Support an increase in tobacco excise taxes. Date: \_\_\_\_\_
- #12 Establish policies that require school and worksite cafeterias to implement reduced-fat/high fiber menus. Date: \_\_\_\_\_
- #13 Provide incentives for employees to exercise (time off, etc.). Date: \_\_\_\_\_
- #14 Establish policies to promote healthy choices by community food services, stores, and restaurants. Date: \_\_\_\_\_
- #15 Establish policies that require restaurants and cafeterias to offer low-fat menu items. Date: \_\_\_\_\_
- #16 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## IDEAS FOR CHANGES IN WORKSITES

### Nutrition

There are a number of changes in a community's worksites that will contribute to your mission.

A list of change ideas that might be useful in local community worksites to improve nutrition might include these:

<b>WORKSITE</b> <b>Goal: To Improve Nutrition</b>
Provide incentives (e.g., released time) for employees attending workshops and/or improving nutrition.
Provide training for cafeteria cooks/managers about proper menu planning and food preparation to reduce dietary fat.
Adopt and enforce a formal policy that supports healthy eating habits and regulates availability of low-fat, high fiber foods in worksite cafeterias and vending machines.
Increase availability of low-fat, high fiber foods in nearby restaurants.
Identify, collect, and provide feedback data on community-wide risk for CVD.
Modify cafeteria menus and vending machine items to reduce calories from fat and increase fiber while maintaining nutrient content.
Provide a company-sponsored media campaign about low-fat eating.

## Physical Activity

A list of change ideas that might be useful in local community worksites to improve levels of physical activity might include these:

<b>WORKSITE</b>
<b>Goal: To Increase Physical Activity</b>
Buy or subsidize employees' memberships in exercise clubs.
Establish worksite-wide exercise routines periodically throughout the day.
Provide exercise courses/areas on-site.
Provide gym, shower areas, and other facilities at worksite.
Offer flextime or longer lunches for employees who exercise.
Provide worksite incentives, awards, and recognition for ongoing physical activity.
Provide incentives and awards for employee fitness, such as performance on standardized fitness assessment.
Sponsor intramural athletic teams, masters' sports training, or other groups to promote exercise.
Encourage use of stairs, walking trails, and other physical activities.

## Tobacco Use

A list of change ideas that might be useful in local community worksites to prevent or reduce tobacco use might include these:

<b>WORKSITE</b> <b>Goal: To Reduce Tobacco Use</b>
Offer economic incentives for employees to quit smoking.
Offer cessation programs (i.e., support groups and one-on-one counseling) on a routine basis.
Celebrate reductions in the number of employees who smoke or who are exposed to second-hand smoke.
Prohibit tobacco sales or vending machines at the worksite.
Provide periodic health assessments for workers.
Adopt and enforce a smoke-free policy in the worksite.
Provide brochures and seminars that give information on smoking cessation.

## A List of Ideas for Potential Changes in Worksites

The list below offers ideas for potential changes in a community's worksites—where its people do their work. The list notes how particular programs, policies, and practices of the worksites might be changed to improve cardiovascular health.

Use the Planning Sheets in Appendix D (pages 87-89) to record your group's tentative choices for changes to be sought in the community's worksites.

### A. Information and Skill Ideas

#### IDEA

- #1 Provide regular health assessments as part of a visible campaign for health promotion. Date: \_\_\_\_\_
- #2 Provide periodic health promotion campaigns with educational materials, programs, signs, and posters. Date: \_\_\_\_\_
- #3 Offer choices or alternatives for physical activity, good nutrition, and tobacco use through an information database that lists previously effective efforts.  
Date: \_\_\_\_\_
- #4 Provide information which shows links between sedentary jobs (i.e., involving little physical activity) with cardiovascular disease. Date: \_\_\_\_\_
- #5 Offer knowledge-based programs regarding fitness, good nutrition, and tobacco use. Date: \_\_\_\_\_
- #6 Establish daily availability of health programs or services. Date: \_\_\_\_\_
- #7 Provide information to business leaders on the benefits/costs of promoting health for employees. Date: \_\_\_\_\_
- #8 Assess employees' fitness and chart progress in employee records.  
Date: \_\_\_\_\_
- #9 Provide heart healthy recipe ideas for employees. Date: \_\_\_\_\_
- #10 Provide information to employers and employees on the direct and indirect costs of smoking for the employee and employer. Date: \_\_\_\_\_
- #11 Provide point-of-purchase educational information at worksite cafeterias and vending machines. Date: \_\_\_\_\_
- #12 Provide information at worksites linking work pressures with problems of good nutrition and weight control. Date: \_\_\_\_\_
- #13 Use signs/brochures to encourage physical activity. Date: \_\_\_\_\_
- #14 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## B. Barriers and Opportunities

### IDEA

- #1 Offer employees flextime or longer lunch hours for physical activity, diet modification, and tobacco cessation programs or services. Date: \_\_\_\_\_
- #2 Allow employees to attend smoking cessation programs on company time. Date: \_\_\_\_\_
- #3 Share costs of membership fees for health facilities and clubs. Date: \_\_\_\_\_
- #4 Increase access to a number of physical fitness activities. Date: \_\_\_\_\_
- #5 Increase frequency and availability of health education classes. Date: \_\_\_\_\_
- #6 Provide signs to encourage using the stairs and promote using outside walking trails. Date: \_\_\_\_\_
- #7 Create walking and biking trails around or near the worksite. Date: \_\_\_\_\_
- #8 Arrange parking lots further from the worksite to encourage walking or biking. Date: \_\_\_\_\_
- #9 Change worksite cafeteria menus to reduce calories from fat and sodium content and to increase fiber, fruits, and vegetables. Date: \_\_\_\_\_
- #10 Provide lower fat, high fiber food alternatives in cafeteria and vending machines (i.e., providing juices instead of soda). Date: \_\_\_\_\_
- #11 Promote lower fat, high fiber food choices in nearby restaurants frequented by employees. Date: \_\_\_\_\_
- #12 Eliminate tobacco sales or tobacco vending machines at the worksite. Date: \_\_\_\_\_
- #13 Establish worksite tournaments for individual sports. Date: \_\_\_\_\_
- #14 Encourage purchase of exercise equipment by worksites. Date: \_\_\_\_\_
- #15 Establish a worksite garden. Date: \_\_\_\_\_
- #16 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## C. Services and Support Ideas

### IDEA

- #1 Hire a worksite health promotion coordinator to develop programs and services to improve the health of employees. Date: \_\_\_\_\_
- #2 Develop broad-based partnerships to encourage physical activity, good nutrition, and tobacco-free health in the community. Date: \_\_\_\_\_
- #3 Sponsor teams that encourage physical activity among men and women employees and their families (i.e., softball, volleyball teams). Date: \_\_\_\_\_

## IDEA

- #4 Offer weight control courses and support groups. Date: \_\_\_\_\_
- #5 Offer exercise facilities and fitness courses on-site. Date: \_\_\_\_\_
- #6 Offer nutrition classes and healthy cooking classes for employees and their families. Date: \_\_\_\_\_
- #7 Provide space for nutrition and tobacco cessation programs. Date: \_\_\_\_\_
- #8 Provide aerobic instructors, trainers, and teachers for worksite health programs. Date: \_\_\_\_\_
- #9 Offer smoking cessation clinics, nicotine replacement therapy, and other related services at the worksite during work hours. Date: \_\_\_\_\_
- #10 Provide incentives for employees to quit smoking, control their weight, and improve nutrition. Date: \_\_\_\_\_
- #11 Offer pins for employees who show progress toward health and fitness goals. Date: \_\_\_\_\_
- #12 Establish employee of the month rewards for employees who show progress toward health and fitness goals. Date: \_\_\_\_\_
- #13 Celebrate reductions in the numbers of employees who smoke or who are exposed to second-hand smoke. Date: \_\_\_\_\_
- #14 Provide public posting of the numbers of employees who smoke or who are exposed to second-hand smoke. Date: \_\_\_\_\_
- #15 Provide recognition to worksites that provide programs to improve health. Date: \_\_\_\_\_
- #16 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## D. Policies

## IDEA

- #1 Adopt a formal policy to prohibit smoking at the worksite. Date: \_\_\_\_\_
- #2 Adopt a formal policy which supports health promotion and rewards improved health status. Date: \_\_\_\_\_
- #3 Reduce health insurance premiums for employees who do not smoke, eat healthy diets, and exercise regularly. Date: \_\_\_\_\_
- #4 Provide incentives for employees to walk or bicycle to work. Date: \_\_\_\_\_
- #5 Seek tax rebates for purchase of worksite exercise equipment and facilities. Date: \_\_\_\_\_
- #6 Seek reduced insurance liabilities for injuries incurred during worksite-sponsored physical activity. Date: \_\_\_\_\_
- #7 Establish policies regarding the nutritional value and fat content of foods served in the worksite cafeteria and vending machines. Date: \_\_\_\_\_

**IDEA**

- #8** Establish policies that encourage nearby restaurants and cafeterias to offer low-fat menu items. Date: \_\_\_\_\_
- #9** Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## IDEAS FOR CHANGES IN THE COMMUNITY

### Nutrition

There are a number of changes in the media (i.e., newspapers, radio, and television), government, and the broader community that might contribute to your mission.

A list of changes that might be useful in the community, as a whole, to improve nutrition might include these:

<b>THE COMMUNITY</b> <b>Goal: To Improve Nutrition</b>
Provide dining guides for residents, tourists, and visitors that highlight heart-healthy offerings at local restaurants.
Increase availability of low-fat foods at entertainment events (e.g., public athletic events).
Advocate for food outlets or grocery store sections that emphasize healthy eating.
Increase media coverage devoted to prevention and risk factors associated with cardiovascular disease.
Establish local regulations about labeling requirements and the provision of lower fat, high fiber food choices.
Provide Public Service Announcements about restaurants offering low-fat, affordable entrees.
Conduct community-wide healthy cooking contests.

## Physical Activity

A list of change ideas that might be useful in the community, as a whole, to improve levels of physical activity might include these:

<b>THE COMMUNITY</b> <b>Goal: To Increase Physical Activity</b>	
Establish building ordinances that encourage the inclusion of exercise facilities in new buildings.	
Encourage parent/child and other family-friendly forms of physical activity.	
Increase access to physical activity for low-income youth and families.	
Increase access to facilities for year-round physical activity (e.g., enclosed pools, ice/rollerskating, gymnasiums).	
Improve side walks, ramps, paths, lighting, and bike routes to encourage alternate forms of transportation to work or school.	
Provide zoning to encourage open spaces for nearby recreation.	
Increase the frequency of community-wide events that provide opportunities for physical activity.	
Facilitate funding of recreational facilities through mill levies, tax increases, or innovative fundraising mechanisms.	
Encourage innovative use of space for physical activity (e.g., mall walking, using national guard facilities).	

## Tobacco Use

A list of change ideas that might be useful in the community, as a whole, to prevent or reduce tobacco use might include these:

<b>THE COMMUNITY</b> <b>Goal: To Reduce Tobacco Use</b>
Increase taxes on sales of tobacco products.
Pass local ordinances and policies that are stricter than state laws.
Enforce laws against merchants selling tobacco to minors.
Eliminate tobacco advertising.
Review and modify policies on tobacco sales to minors and enforcement of these laws.
Ban tobacco vending machines.
Use tobacco excise taxes to fund tobacco prevention and cessation programs.
Increase media coverage of the consequences of tobacco use.

## A List of Ideas for Potential Changes in the Community

The list below offers ideas for potential changes in the media, government, and broader community. The list notes how particular programs, policies, and practices of the broader community might be changed to improve cardiovascular health.

Use the Planning Sheets in Appendix D (pages 90-92) to record your group's tentative choices for changes to be sought in the media, government, and broader community.

### A. Information and Skill Ideas

#### IDEA

- #1 Use newspaper, radio, and other media to provide information to the community on the effects of tobacco use, physical activity, and good nutrition on cardiovascular disease. Date: \_\_\_\_\_
- #2 Provide information about public walking trails, biking trails, tennis courts, and other forms of physical recreation. Date: \_\_\_\_\_
- #3 Provide information about local smoking cessation programs through the media, local civic groups, churches, and other community sectors. Date: \_\_\_\_\_
- #4 Provide information about local weight control programs provided by reputable nutrition professionals through the media, local civic groups, churches, and other community sectors. Date: \_\_\_\_\_
- #5 Provide information about healthy eating through the media, local civic groups, churches, and other community sectors. Date: \_\_\_\_\_
- #6 Establish media campaigns promoting the benefits of daily physical activity, smoking cessation, and healthy eating. Date: \_\_\_\_\_
- #7 Collect and publicize surveillance data on sales of tobacco products to minors in local stores. Date: \_\_\_\_\_
- #8 Provide training for local leaders on encouraging and maintaining physical activity, tobacco cessation, and healthy eating. Date: \_\_\_\_\_
- #9 Increase the use of community events and fairs that promote heart-healthy eating and exercise. Date: \_\_\_\_\_
- #10 Enhance health screening, nutrition counseling, and fitness opportunities through local churches and other organizations. Date: \_\_\_\_\_
- #11 Establish a community media campaign for increasing physical activity. Date: \_\_\_\_\_
- #12 Establish an "idea column" in the local newspaper to identify innovative ways people incorporate physical activity into their daily routines. Date: \_\_\_\_\_
- #13 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## B. Barriers and Opportunities

### IDEA

- #1 Increase access and transportation to public recreational facilities, smoking cessation programs and support groups, and programs for weight control.  
Date: \_\_\_\_\_
- #2 Increase availability of low-fat, high fiber food in vending machines (and from vendors) in all public buildings. Date: \_\_\_\_\_
- #3 Encourage physical activity by increasing the number of sidewalks and bike paths in proportion to roadways. Date: \_\_\_\_\_
- #4 Encourage physical activity by improving the safety of public parks and facilities, including increasing lighting, proximity, attractiveness, and surveillance.  
Date: \_\_\_\_\_
- #5 Encourage physical activity by connecting walkways and bike paths to neighborhoods, businesses, residential areas, and worksites. Date: \_\_\_\_\_
- #6 Increase access to public recreational facilities by expanding capacity and hours of service. Date: \_\_\_\_\_
- #7 Promote use of public areas such as schools and shopping centers as safe places for physical activity. Date: \_\_\_\_\_
- #8 Reduce financial barriers for food producers to create and distribute lower fat alternatives (i.e., tax incentives). Date: \_\_\_\_\_
- #9 Stores selling tobacco products will have to stamp products so products confiscated from youth can be traced back to merchants. Date: \_\_\_\_\_
- #10 Provide public posting on cigarette and smoking tobacco use in the community.  
Date: \_\_\_\_\_
- #11 Support the expansion of local sports leagues/exercise teams. Date: \_\_\_\_\_
- #12 Provide programs and facilities for special populations. Date: \_\_\_\_\_
- #13 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## C. Services and Support Ideas

### IDEA

- #1 Provide community education courses on healthy eating, physical activity, and prevention and cessation of tobacco use. Date: \_\_\_\_\_
- #2 Increase availability of “heart-healthy cooking” classes. Date: \_\_\_\_\_
- #3 Increase availability and affordability of fitness and weight control programs for low and moderate income community members. Date: \_\_\_\_\_
- #4 Increase availability and affordability of smoking cessation programs.  
Date: \_\_\_\_\_

## IDEA

- #5 Conduct community-wide cooking contests and “nutrition makeovers” of public figures. Date: \_\_\_\_\_
- #6 Conduct activities in conjunction with the “Great American Smokeout” and other Federal and State anti-tobacco initiatives. Date: \_\_\_\_\_
- #7 Conduct an annual series of events (fitness assessments, tournaments, and seasonal activities) that provide opportunities for fitness assessment, counseling, and/or activity. Date: \_\_\_\_\_
- #8 Develop and maintain bicycle lanes, running tracks, walking areas, tennis courts, and other public facilities which promote the physical activity of the entire community, including special populations such as people with disabilities and older adults. Date: \_\_\_\_\_
- #9 Offer culturally-appropriate heart-healthy cooking classes in churches and other settings. Date: \_\_\_\_\_
- #10 Increase access to self-help and cessation services. Date: \_\_\_\_\_
- #11 Facilitate group marketing by local manufacturers of low fat, high fiber foods. Date: \_\_\_\_\_
- #12 Provide public recognition for programs that promote physical activity throughout the lifespan. Date: \_\_\_\_\_
- #13 Provide highway funds for non-vehicle alternative transportation. Date: \_\_\_\_\_
- #14 Collaborate with community food services (such as “meals on wheels” vendors) to reduce fat and increase fiber in menus. Date: \_\_\_\_\_
- #15 Other: \_\_\_\_\_  
Date: \_\_\_\_\_

## D. Policies

### IDEA

- #1 Provide zoning, tax rebates, and other financial incentives to encourage the use of land for recreational purposes. Date: \_\_\_\_\_
- #2 Adopt and enforce ordinances on clean air, including clean indoor air acts. Date: \_\_\_\_\_
- #3 Restrict tobacco advertising and promotion, including elimination of tobacco industry sponsorships of special sporting or civic events. Date: \_\_\_\_\_
- #4 Restrict tobacco vending machines in the community. Date: \_\_\_\_\_
- #5 Establish tobacco-free school zones, prohibiting sales of tobacco products near schools. Date: \_\_\_\_\_
- #6 Increase taxes on tobacco products and use the money to fund advocacy and prevention programs in the community. Date: \_\_\_\_\_

**IDEA**

- #7** Adopt smoke-free policies in public places including restaurants, airports, and worksites. Date: \_\_\_\_\_
- #8** Require public service advertisements for healthy food alternatives to be proportional to paid advertising for high fat foods. Date: \_\_\_\_\_
- #9** Subsidize the cost of recreational facilities and programs on nutrition, tobacco prevention and cessation, and physical activity. Date: \_\_\_\_\_
- #10** Promote inclusion of recreational facilities in new buildings and site plans for businesses. Date: \_\_\_\_\_
- #11** Provide zoning to protect open spaces for recreation. Date: \_\_\_\_\_
- #12** Other: \_\_\_\_\_  
Date: \_\_\_\_\_

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## SECTION VI

# Community Action Campaign

The following outlines a process for building consensus among group members about proposed changes to be sought in the community. The process consists of reviewing the proposed changes for gaps and completeness, using a survey to build consensus, and securing a formal decision from the group.

### Checking the Proposed Changes for Completeness

The group should review proposed changes for each sector and for the plan as a whole. To review the proposed changes in each community sector, we recommend asking two questions:

- ✓ Taken together, do these proposed changes maximize this sector's contribution to the mission of reducing risk for cardiovascular disease?
- ✓ What other changes in programs, policies, or practices could or should be made to improve nutrition, enhance physical activity, and prevent or stop tobacco use?

To review the entire set of proposed changes for all sectors, we suggest asking:

- ✓ Would all the changes, taken together, be sufficient to reduce the risk for cardiovascular disease to desired levels?
- ✓ What other changes in programs, policies, or practices could or should be made to improve nutrition, enhance physical activity, and prevent or stop tobacco use?

Answers to the questions will contribute to a more complete set of proposed changes and a comprehensive plan for cardiovascular health at a community level.

### Using a Survey to Build Consensus

Using a survey to review the proposed changes can be very helpful in building consensus. We recommend listing all the proposed changes, organized by community sector, along with questions about their importance and feasibility.

For each change to be sought:

- ✓ Is this proposed change *important* to the mission of reducing risk for cardiovascular disease?

✓ Is the proposed change *feasible*?

A format that you could use in your own survey is shown below. The circles show sample responses to the survey items.

Surveys should be distributed to all key audiences for the group, including its members, representatives of funding sources, and experts in the prevention of cardiovascular disease. Collect completed surveys and calculate an average rating for importance and feasibility for each proposed change.

The results can be used to guide final program choices. Proposed changes with high importance and high feasibility ratings should be given higher

priority for action; those with lower importance or feasibility, a lower priority.

## Securing a Formal Decision from the Entire Group

Seek formal approval of the proposed changes by the membership of the group. The *entire* membership should have the opportunity to make a decision on proposed changes for all sectors. Seek consensus, using a formal vote to resolve disputes about specific changes. Arrange for a vote of the entire membership on the complete action plan, recording the votes for and against.

### Example

Proposed Changes in Worksites	How <i>Important</i> is it to...			How <i>Feasible</i> is it to...		
	not important		very important	not feasible		very feasible
1. Offer smoking cessation programs at the worksite.	1	3	(5)	1	(3)	5
2. Provide incentives for employee fitness.	1	3	(5)	1	(3)	5

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# SECTION VII

## *The Action Plan:*

### *Action Steps for Proposed Changes*

The purpose of this section is to help prepare action steps for each community change sought by the group. We recommend defining only the *major* action steps needed to attain each proposed change. It is not necessary to list all the action steps—list only the most critical steps required to create the desired change.

The action steps detail what will occur, in what amount, by whom, and by when. To prepare action steps for your action plan, define the following for each proposed change:

- ✓ what actions will be taken (what)
- ✓ the responsible agents (by whom)
- ✓ the timing (by when)
- ✓ resources and support needed and available
- ✓ potential barriers and resistance
- ✓ with whom communication about the plan should occur

A comprehensive action plan—proposed changes and related actions steps—helps communicate to important audiences that the group is clearly organized. It helps demonstrate that the group understands what is needed to be effective in bringing about change.

The complete action plan includes action steps for each change to be sought. Organize the changes by community sector, listing each proposed change and related action steps in the order in which they are supposed to occur.

The example that follows illustrates how to list action steps for a specific change to be sought in the worksite.

## Sample Action Steps

(You can use this format to outline action steps for each identified change to be sought in each community sector.)

See Appendix E (page 93) for a blank copy of this form.

Community Sector: *Worksites Example*

Community Change to be sought: *By January 2010, offer smoking cessation programs at five local worksites.*

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	By what date will the action be done?	What financial, human, political, and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
<ul style="list-style-type: none"> <li>Secure support from employers at five local worksites.</li> </ul>	Committee Member A	June 2000	Committee members, such as the owners or personnel managers of local businesses, and others who wish to help develop these new programs.	Those currently providing smoking cessation classes might be concerned about competition and express their concerns to employers.	Bureau of Health, employees, general public
<ul style="list-style-type: none"> <li>Review, select, and recommend models for smoking cessation classes and support groups.</li> </ul>	Committee Member B	August 2000	Committee members, health officials, and employees.		Bureau of Health, employees, general public
<ul style="list-style-type: none"> <li>Provide support and background materials to worksites implementing smoking cessation programs.</li> </ul>	Committee Member C	September 2000	Committee members; additional funding may be needed.	Employees of local businesses may feel that they have too much to do already.	Bureau of Health, employees, general public
<ul style="list-style-type: none"> <li>Recognize and honor employers and staff who start cessation programs.</li> </ul>	Committee Member D	January 2001	Committee members.		Bureau of Health, general public
<ul style="list-style-type: none"> <li>Report to the coalition on the implementation of the programs and their initial success.</li> </ul>	Committee Member E	January 2001	Committee members.		Bureau of Health, general public

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## Section VIII

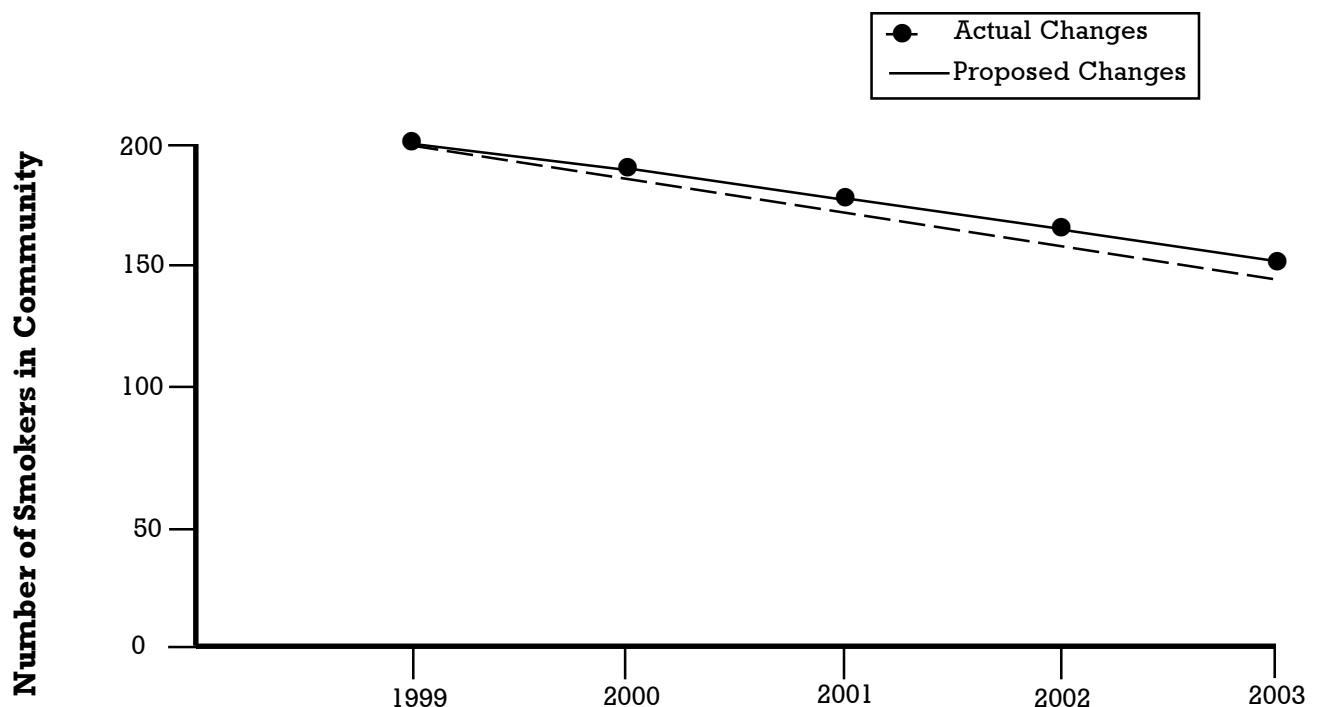
# Monitoring Progress

It is important to *evaluate* the success of the group. Review the proposed changes periodically to monitor their success and revise your proposed changes and action plan accordingly.

### Monitoring Progress

Consider creating a scorecard for your group that shows the cumulative number of proposed changes in a given year that actually occurred. You might use a graph to show how the group is doing with its action plan.

A sample graph follows. The “N” refers to the number of changes sought each year (reduction in the number of smokers). This example group sought a total of 50 people quitting smoking (a 25% reduction) over five years. The solid line shows actual changes, the dotted line shows the proposed level of change. Similar graphs might be prepared for each community sector to give insight into how progress on changes in schools compares with that in the business sector, for example. The results should be reported annually to the membership and to funding sources.



Other graphs might be prepared to display progress toward objectives. For example, reports might include the prevalence of tobacco use or the percentage of residents reporting regular physical activity before and after the initiative was implemented.

### Group Renewal

Even the most effective organizations require renewal periodically. Arrange ongoing review and discussion of group progress on the proposed changes. The review should involve all relevant audiences for the group, including group members, funding partners, and experts

in cardiovascular disease. Invite consideration of the importance of changes that have occurred to the mission of preventing cardiovascular disease. Communicate to all relevant audiences how their feedback was used to modify the action plan—or even the broader vision, mission, objectives, and strategies—of the group.

Revise the list of proposed changes periodically to correspond to new opportunities and challenges. When situations or opportunities change in the schools, for example, consider how the action plan might be modified. Use the inventories found in this guide to help identify new challenges that can *renew* your organization's efforts.

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# Summary

This guide has provided some suggestions for planning in health promotion and the prevention of cardiovascular disease. The process of action planning consists of several major sets of activities, including:

- Convening a planning group in your community that consists of:
  - ✓ Key leaders
  - ✓ Representatives of key community sectors
  - ✓ Representatives of age-related and cultural groups
- Listening to the community
- Documenting and analyzing the problem
- Becoming aware of local resources and programs
- Refining your group's vision, mission, objectives, and strategies
- Refining your group's choices of targets and agents of change
- Determining what community sectors should be involved in the solution
- Developing tentative lists of changes to be sought in each sector
- Building consensus on proposed changes
- Outlining action steps for proposed changes
- Monitoring progress on goals
- Renewing your group's efforts as needed

When you complete these activities, *celebrate* the completion of the challenging process of action planning! You now have a **blueprint for action** for a heart healthy community.

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# ***Appendices***

**You may want to make copies  
for future use.**